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**February 19, 2013**

**Testimony for H.B. 5267**

**AN ACT CONCERNING THE REGIONAL DELIVERY OF SOCIAL SERVICES.**

Senator Slossberg, Representative Abercrombie, Representative Bowels, and Esteemed Members of the Human Services Committee,

My name is Donna Grant. I am the Executive Director of the Thompson Ecumenical Empowerment Group, or TEEG located in North Grosvenordale, CT., a small rural community in the Northeast "Quiet Corner" of our state. I would like to speak with you today regarding service delivery to the state's most vulnerable individuals. In a year when we have all been told that there is no "new money", and in fact, less "old money" to fund the state programs many of our residents rely on, there is no time like the present to maximize the gains of our investment. As a contractor with the Department of Children and Families and the Department of Social Services, I can speak first hand to the inefficiencies of our current system.

I must begin by saying how hopeful I was in on June 28<sup>th</sup> 2001 when the Connecticut General Assembly passed S.B. 7013, Public Act 01-121 "An Act Concerning Crime Prevention and a State Prevention Council". It was landmark legislation, the first of its kind in the country. Consensus was that if we were make significant gain in enhancing quality, while achieving a greater degree of fiscal accountability, it would be imperative for the state agencies that provide direct service to the people of our state to work together. Funding would be provided in a coordinated, horizontal fashion; former systems of departmental autonomy and siloed resources would be abandoned. That was 12 years ago, and I am still waiting.

On June 8, 2010 Substitute Senate Bill No. 316, Special Act No. 10-5 "An Act Establishing a Commission on Nonprofit Health and Human Services" was passed. At the request of Senator Williams, I served on this Commission. It was an eye opening experience to hear, first hand, how little state agencies knew about the variations between the systems employed by the different state agencies. Fiscal people in the state were surprised to hear the effects of contracting procedures on the nonprofits they depend on. Many nonprofits represented spoke of the great difficulty in providing services to a client who was funded by more than one agency.

I have worked with herculean effort to connect young adults exiting DCF to DMHAS or DDS services, only to be left frustrated by the fracture service system these young people are vitally dependent on. Two of these individuals whom I worked closely with while they were involved in DCF, ultimately moved in the DMHAS system. Their transition was nothing close to seamless, despite having knowledgeable service providers working on their behalf. Their transition was more analogous to crossing the Grand Canyon; neither one of them made it. Before these two individuals turned 21, one was dead and the other was placed in the Whiting Forensic Mental Health Unit of Connecticut Valley Hospital. We've been told he will be there for a very long time.

As a society, we cannot stand by and accept these outcomes as a part of doing business with a large bureaucracy. As a state, we cannot accept the high cost of inefficiency from a system that simply does not work.

And with that said, we must also insure a system with a scope and scale that will maximize the resources that are already available. The one example I can offer to this point is my work with DCF Region III. Region III covers the Middletown, Norwich and Willimantic area offices. This region is geographically one half of the state. The difficulty with this scale is that often contracts are offered on a regional basis; one prevention contract to each region, one DRS contract to each region. When this happens, there are two unfortunate consequences:

1. One provider cannot possibly know the entire region, requiring the awarded contractor to commit significant resources to outreach, and relationship building rather than service provision.
2. Many smaller, highly qualified and often more appropriate agencies cannot apply for a region wide grant because the required service delivery area is too broad, and reaches far beyond their agency service area.

When this happens, the most efficient, local service delivery system is often left out of the process. Working locally will bring the greatest amount of leveraged community resources to the table; provide the greatest opportunity for client accountability because the service providers **know** their clients and create a system with the greatest amount of potential for sustainability because the community will feel a sense of ownership and hence, responsibility for the success of the program and for the safety and security of the vulnerable citizens the program is intended to serve.

I know this phenomenon to be true; we just completed a new building for our agency through a public – private partnership with the municipality. We constructed a 1.5 million dollar structure with barely \$500K in cash. The balance of nearly one million dollars came from the community. Donated time, donated goods and material, student community service and good old fashioned sweat equity got the job done. This happened because the community knows us, and residents were willing to invest in us because we take care of their community.

I urge your support of H.B. 5267 as a beginning. Let's work together to streamline the service system our vulnerable residents need, remove the conflicting boundary lines of service areas among agencies that are often working on behalf of same individual, and bring the decision making, necessary by our state agencies closer to people they are making decisions about.

I thank you for your time and appreciate your thoughtful consideration of this important legislation.